

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 508754	RECEIPT DATE:	03 / 16 / 00
IA NUMBER:	PCT/ CH99 / 00318	IA FILING DATE:	07 / 13 / 99
FAMILY NAME:	REICHLE	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	HANS	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 16 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	32066-152531	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2029624800
			FAX

NAME: VENABLE BAETJER HOWARD AND CIVILETTI

STREET: P O BOX 34385

CITY: WASHINGTON

STATE/COUNTRY: DC ZIP: 200439998

EMAIL:

APPLICATION TITLES:

CONTACT ASSEMBLY FOR MULTIPLE CONNECTION STRAP FOR CABLE TERMINALS, AS
WELL AS MULTIPLE CONNECTIONH STRIP

TAB TO LAST POSITION,PUSH SEND



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/508,754	FILING DATE 03/16/2000 RULE -	CLASS 439	GROUP ART UNIT 2839 2839	ATTORNEY DOCKET NO. 32066-152531	
APPLICANTS HANS REICHLE, WETZIKON, SWITZERLAND; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/CH99/00318 07/13/1999 ** FOREIGN APPLICATIONS ***** SWITZERLAND 1511/98 07/16/1998 SWITZERLAND 1512/98 07/16/1998 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 05/05/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>JA</u> Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
ADDRESS VENABLE BAETJER HOWARD & CIVILETTI PO BOX 34385 WASHINGTON ,DC 20043-9998					
TITLE SET OF CONTACT BLADES IN A MULTIPLE CONNECTOR STRIP FOR CABLE CONNECTORS, AND MULTIPLE CONNECTOR STRIP					
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		